

Medicare Partnerships for Quality Orthopedic Services Demonstration

APPLICATION SCORING GUIDELINES

These guidelines are intended to assist the technical expert in conducting a fair and consistent review of applications. Medicare Partners provide high quality, consistent clinical care, and have the capacity to handle all types of patients and complications. They exhibit an active commitment to ongoing quality improvement and they employ the information systems and organizational and administrative structures necessary to support high quality, coordinated, cost effective care.

Applications are structured and scored based on 14 clinical and organizational criteria. Each criterion has been assigned a weight ranging from 2 to 20 percent that indicates its importance in identifying a Medicare Partner. A higher weight indicates a criterion with more importance in defining a quality partner. High ranking criteria include integration of hospital and physician data, surgeon and staff education and experience, and quality management. There is no pre-determined score an applicant must achieve in order to be recommended; however, applicants are expected to meet the minimum procedure volumes listed below:

Description	Minimum Annual Volume	
	Hospital	Physician
Hip and/or knee replacement surgery (DRGs 209 and 471)	150	10 knees, 10 hips
Revision of hip and/or knee replacements	5% of total program volume	N/A

CMS expects a *significant majority* of providers to meet the minimum annual volume of 10 surgeries per year at the applicant and/or other facilities. If a surgeon does only knee or hip replacements, she should perform at least 10 of them annually. If a surgeon does both knees and hips, he should perform at least 10 of each annually.

Scoring

Raw scores for each criterion range from 0 – 5 in whole numbers, with 0 indicating the applicant does not meet minimum generally acceptable standards for the criterion and 5 indicating the applicant exceeds generally acceptable standards for the criterion.

The application is divided into 14 sections corresponding to the clinical and organizational criteria. However, reviewers should feel free to consider any relevant information provided in the application, regardless of where it is found, in scoring each of the sections. Evaluators should thoroughly review each application before scoring. When recording scores, include notes regarding applicants’ particular strengths and weaknesses related to each criterion, as appropriate. The CMS project officer is readily available to answer any questions you may have about the scoring criteria.

Raw scores for each criterion will be weighted, then all weighted scores will be totaled to obtain an overall weighted score for the application. Since there is no minimum or maximum number of applications that should be recommended, panelists should judge each application on its individual merits.

Panel Discussion Meetings

Primary and secondary readers will summarize each application then the floor will be opened to the panel for further discussion. The primary reader should be prepared to describe the application, discuss the strengths and weakness of the application by criterion, and share a recommendation regarding whether or not he/she believes the applicant should be chosen as a Medicare Partner, based on the quality criteria examined. The secondary reader should be prepared to either confirm or challenge the primary reader's interpretation, culling out any additional or interesting material of note in the application.

During panel discussion, reviewers will be given an opportunity to revise their scores and/or comments. (Using a pencil when scoring the applications will make this easier.) Each reviewer will then be asked whether or not to recommend the applicant as a Medicare Partner, based on the application review and scores given. Individual reviewers' scores will not be averaged. CMS will consider the recommendations and scores of each panelist in making a final determination on each application.

Applicant Facility Name: _____

Reviewer ID: _____

Date of Panel Review: _____

Scoring Summary

No	Criterion	Weight	Score	Weighted Score
1	Program Management and Organization	4%		
2	Orthopedic Surgeon and Staff Education and Experience	20%		
3	Annual Total Joint Replacement Procedure Volumes	7%		
4	Range of Services	2%		
5	Quality Management	10%		
6	Patient and Provider Satisfaction	2%		
7	Pre- and Post-Operative Functional Status and Joint Pain	7.5%		
8	Complications	7%		
9	Dislocation and Subluxation Rates	7%		
10	Revision Rates	7.5%		
11	Utilization Management	2%		
12	Integration of Hospital and Orthopedic Physician Staff / Resource Management	2%		
13	Patient Services and Community Outreach	2%		
14	Integration of Hospital and Physician Data	20%		
	Total	100%		

General Comments:

Panelist Recommendation:

Applicant IS Recommended

Applicant is NOT Recommended

Criterion I

Program Management and Organization (Weight = 4%)

This criterion focuses on how well the total joint program is organized and administered. Program leadership is dedicated, consistent, and well qualified. Program managers are expected to have some control over resources and budget.

Comments					
Raw Score:		x Weight:	0.04	= Weighted Score:	

2. Criterion II

Orthopedic Surgeon and Staff Experience and Education (Weight = 20%)

Physicians and non-physician professional staff, including the program leadership, are expected to demonstrate appropriate levels of experience, education, and professional qualifications. Surgeons performing joint replacement have sufficient annual volumes to ensure expertise, with most performing at least 10 hip replacements per year, if they do them at all, and 10 knee replacements per year, if they do them at all.

Comments					
Raw Score:		x Weight:	0.20	= Weighted Score:	

4. Criterion III

Annual Total Joint Replacement Procedure Volumes (Weight = 7%)

This criterion evaluates whether the applicant *facility* performs sufficient annual volumes of joint replacements. There should be at least 150 total hip or knee replacements performed annually (both primary and revision procedures), with revisions accounting for a minimum of 5 percent of the total.

Comments					
Raw Score:		x Weight:	0.07	= Weighted Score:	

5. Criterion IV

Range of Services (Weight = 2%)

This criterion indicates the complete array of support personnel, technology, and hospital services available to the program across the continuum from pre-procedure to post-discharge.

Comments					
Raw Score:		x Weight:	0.02	= Weighted Score:	

6. Criterion V

Quality Management (Weight = 10%)

This criterion reflects the type of quality improvement structures and processes that are in place, including the frequency of case review meetings, the need for data to be collected and validated, and the use of clinical pathways.

Comments					
Raw Score:		x Weight:	0.10	= Weighted Score:	

7. Criterion VI

Patient and Provider Satisfaction (Weight = 2%)

This criterion measures how well the facility assesses satisfaction and uses the findings to improve services.

Comments					
Raw Score:		x Weight:	0.02	= Weighted Score:	

8. Criterion VII

Pre- and Post-Operative Functional Status and Joint Pain (Weight = 7.5%)

This criterion evaluates how outcomes are measured, tracked and trended at different intervals using established tools, focusing on both general measures as well as joint-specific issues.

Comments					
Raw Score:		x Weight:	0.075	= Weighted Score:	

9. Criterion VIII

Complications (Weight = 7%)

This criterion evaluates the incidence of complications such as wound infection, vascular and neurologic incidents, and dislocations. Applicants are expected to track and trend various measures using some form of risk-stratification/adjustment methodology.

Comments					
Raw Score:		x Weight:	0.07	= Weighted Score:	

11. Criterion IX

Dislocation and Subluxation Rates (Weight = 7%)

Applicants are expected to track and trend dislocations/subluxations using some form of risk-stratification/adjustment methodology and follow-up monitoring.

Comments					
Raw Score:		x Weight:	0.07	= Weighted Score:	

~~13~~ Criterion X

Revision Rates (Weight = 7.5%)

Applicants are expected to track and trend revisions using some form of risk-stratification/adjustment methodology.

Comments					
Raw Score:		x Weight:	0.075	= Weighted Score:	

Criterion XI

Utilization Management (Weight = 2%)

The applicant is expected to manage resource utilization by tracking length of stay, readmission rates, and discharge destination.

Comments					
Raw Score:		x Weight:	0.02	= Weighted Score:	

13.Criterion XII

Integration of Hospital and Orthopedic Physician Staff/Resource Management (Weight = 2%)

This criterion focuses attention on the administrative infrastructure and integration of the hospital and physicians in the management of the total joint replacement program. The involvement of physician staff in choosing implants and contracting is evaluated, as is the variety of contracts and billing arrangements in place. A program in which there is more integration between the hospital and physician staff and which has a greater level of contracting and billing experience is more likely to be able to carry out a successful demonstration.

Comments					
Raw Score:		x Weight:	0.02	= Weighted Score:	

13.Criterion XIII

Patient Services and Community Outreach (Weight = 2%)

This criterion is intended to reflect a service orientation toward patients and the community. Applicants are asked about the amenities they provide (e.g., housing and transportation), as well as access and visit standards for outpatient care.

Comments					
Raw Score:		x Weight:	0.02	= Weighted Score:	

13. Criterion XIV

Integration of Hospital and Physician Data (Weight = 20%)

This criterion is intended to reflect the level of overall collaborative interaction between the facility and orthopedic physicians, particularly as it relates to the sharing of patient data. Data sharing between the hospital and physician offices is critical for effective, long-term management of total joint patients. There is no specific application section for this criterion; rather, it should be scored based on evidence of collaboration, data sharing and integration demonstrated throughout the application.

Comments					
Raw Score:		x Weight:	0.20	= Weighted Score:	



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Instructions

All responses will be considered confidential and used solely for the purpose of deciding which applicants will be invited to participate in the demonstration. However, if selected as a demonstration site, non-proprietary information may be subject to public disclosure under the Freedom of Information Act.

Please provide data at the most specific level at which it is available. Where data is requested by year, please provide the most recent period for which complete data is available (fiscal or calendar year) and specify the time period for which the information applies.

Responses to narrative questions should be kept to the recommended response length as suggested. They should specifically address the question asked. Supplemental material may be included so long as it is directly responsive to one of the questions in the application. Please indicate on any supplemental material the section number and question number it addresses.

Applicants must submit one (1) unbound original and two (2) complete paper copies of the application, attachments and supplemental materials. One (1) electronic copy of the application should be submitted on the enclosed disk.

Applicant Information

Hospital Name: _____

Hospital Medicare Provider Number: _____

Physical Address:

Mailing Address (if different):

Fiscal Intermediary: _____

Carrier Used by Physicians Practicing At this Hospital: _____

Contact Person & Title: _____

Telephone: _____

Fax: _____

Email Address: _____

Checklist for Application Submission

- 1. Cover letter signed by the most senior hospital official:
 - a. attesting to the accuracy of the information provided in the application,
 - b. affirming the administrative and billing capabilities required under this demonstration, and
 - c. stating that the hospital's interest in participating has the approval and the support of its governing body, medical staff and other appropriate committees

- 2. Cover letter signed by relevant physician groups and departments involved affirming their understanding of and support for the demonstration

- 3. One (1) unbound original and two (2) complete paper copies of the application (including all attachments and supplemental materials)

- 4. One (1) completed disk of the application.

Background Data & Supporting Information

1. Please indicate the beginning month of your fiscal year (FY) time period.

Beginning Month

2. Complete the following table for the most recent three-year period. Indicate fiscal year or calendar year.

Table 1: Facility Capacity

<input type="checkbox"/> FY	<input type="checkbox"/> CY	2000	2001	2002
Total Number of Beds <i>(exclude OB, nursery, sub-acute & long term care)</i>				
Total Discharges <i>(exclude OB, nursery, sub-acute & long term care)</i>				
Total Medicare Discharges <i>(subset of total discharges, above)</i>				

3. What percent of your orthopedic and/or joint replacement patients come from within your primary service area?

0% -19%
 20%-39%
 40%-59%
 60%-79%
 80%-100%

4. Please provide copies of the following documents, if available.

Attached

- a) The hospital's medical staff organizational chart, including detail for the total joint replacement program
- b) The joint replacement or orthopedic budget for the past three years *(Please explain any significant increases or decreases. Limit your explanation to ½ page)*
- c) All clinical pathways, preprinted orders, and any other evidenced based tools used to manage post acute patient care
- d) Data collection instrument(s) used for your database on post-discharge follow-up of joint replacement patients
- e) Your current joint replacement / orthopedic quality improvement plan
- f) Your most recent joint replacement / orthopedic pathway variance report
- g) At least one report for a quality improvement project performed by hospital staff for joint replacement care within the last three years
- h) Your hospital patient safety plan
- i) Your hospital medical error reduction plan
- j) Your most recent patient satisfaction survey report
- k) Your most recent provider satisfaction survey report
- l) Your Orthopedic Program Medical Director's CV
- m) Your operative site recognition procedure (e.g., "Sign-the-Site" process)
- n) Your surgical site infection prevention plan

CLINICAL AND ORGANIZATIONAL QUALITY CRITERIA

Section I. Program Management and Organization

1. Who are your Orthopedic Program leaders and to what position in the organization do they report? (Check all that apply and provide the names for each)

Table 2: Orthopedic Program Leadership

	Title	Name	Position Reporting To:
<input type="checkbox"/>	Medical Director		
<input type="checkbox"/>	Nursing Director		
<input type="checkbox"/>	Business Director		
	Other (please specify title):		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

2. What position(s) authorize the finances, resources and personnel of the program? (Check all that apply)

- Program Medical Director
- Program Nursing Director
- Program Business Director
- Department of Orthopedics Chair
- Department of Surgery Chair
- Chief Executive Officer
- Chief Operating Officer
- Chief Financial Officer
- Other Vice President (please specify title): _____
- Other (please specify title): _____

3. What role do department/ program leaders have in determining the budget each year?

- Integral
- Some
- Little
- None
- Other (please specify): _____

4. What role do department/ program leaders have in determining the portion of the budget applicable to the total joint program each year for ancillary departments upon whose services they rely (e.g., radiology, physical medicine and rehabilitation services)?

Integral

Some

Little

None

Other (please specify): _____

Section II. Orthopedic Surgeon and Staff Education and Experience

1. Please indicate the number of orthopedic surgeons (those performing joint replacement) in practice. Include single specialty as well as multi-specialty groups.

Table 3: Orthopedic Surgeon Volumes

	Orthopedic Surgeons
Employed by hospital	
Private Practitioners	
Other (please specify)	
Total	

2. How many orthopedic surgery residents do you have? _____

If >0, is your facility an academic medical center or affiliated with an academic medical center?

Yes No N/A – the facility does not have orthopedic surgery residents

3. Do you have a specific fellowship training program in joint replacement? Yes No

4. What is the average number of years on staff for the orthopedic surgeons performing total joint replacement surgery at your facility? _____

6. Complete the list of qualifications and activities of the Program Medical Director.

- _____ Fellowship trained (yes or no)
- _____ Board certified in orthopedics (yes or no)
- _____ Recertified in orthopedics (yes, no, or not applicable)
- _____ Member of American Academy of Orthopedic Surgeons or American Osteopathic Board of Orthopedic Surgery (yes or no)
- _____ Member of American Association of Hip and Knee Surgeons (yes or no)
- _____ Years of post-fellowship experience (# years)
- _____ Total career experience (# years)
- _____ Percentage of practice focused on joint replacement
- _____ Percentage of time spent on direct clinical care and management, excluding teaching and research
- _____ Number of total joint procedures for the most recent full year
- _____ Other (please specify): _____

Instructions:

1. Include only staff active as of the date this application is submitted.
2. Orthopedic team may include physician assistants, CRNAs, physical therapists, case managers, nurse managers, etc. Please indicate which under "Position/Function."

Team Member Name	Position / Function	Education (Degrees)	License & Certification	Years Involved in Ortho Patient Care	
				This Hospital	Total

8. Which orthopedic nurses, if any, hold an orthopedic nurse (AONC) certification? (Check all that apply)

- Orthopedic director (service line manager)
 Orthopedic floor nurse manager
 Orthopedic case manager(s)
 Orthopedic nurse practitioner
 Orthopedic clinical nurse specialist
 Orthopedic floor nurses (____ %)
 Other (please specify) _____

9. Complete the following table to describe your nurse and ancillary staffing patterns.

Table 6: Average Staffing Patterns – 2002

Employee	# FTEs	%	Avg # Years on Staff
Nurses			
Full Time Orthopedic			
Part Time Orthopedic			
PRN Orthopedic			
Intradepartmental Floats(FT, PT, PRN)			N/A
Travelers (extended assignment)			N/A
Agency (ad hoc supplemental staff)			N/A
Other (please specify):			
Total Nurses		100%	Avg:
Ancillary staff (inpatient only)			
Physical Therapists			

Employee	# FTEs	%	Avg # Years on Staff
Occupational Therapists			
Other (please specify):			
Total Ancillary staff		100%	Avg:

10. Where do joint replacement patients recuperate?

- Patients recuperate in a specialized total joint replacement unit.
- Patients recuperate in an orthopedic unit.
- Patients recuperate in a medical/surgical unit.
- Other (please specify) _____

Section III. Annual Total Joint Replacement Procedure Volumes

1. Complete the following table for the most recent two-year period. Indicate fiscal year or calendar year.

Table 7: Total Joint Replacement Procedure Volume

Instructions:			
1. Include all patients, both Medicare and Non-Medicare.			
2. For "Total Number of Procedures," count <i>procedures</i> , not patients; patients receiving multiple/bilateral procedures during the same operation should be counted for each procedure performed.			
3. For "DRG Total Discharges," count each <i>patient</i> only once based on the discharge DRG.			
<input type="checkbox"/> FY: __/__/__ - __/__/__		<input type="checkbox"/> CY	
Description	ICD9-CM Procedure Codes	Number of Procedures	
		2001	2002
DRG 209 – Major Joint & Limb Reattachment Procedures of Lower Extremity			
Total hip replacement	81.51		
Revise hip replacement	81.53		
Total knee replacement	81.54		
Revise knee replacement	81.55		
Total Number of Procedures			
DRG 209 Total Discharges			
DRG 471 – Multiple Major Joint Procedures of the Lower Extremity (any combination of 2 or more of the following)			
Total hip replacement (primary or revision)	81.51, 81.53		
Total/ partial knee replacement (primary or revision)	81.54, 81.55		
Total Number of Procedures			
DRG 471 Total Discharges			
Grand Total DRG 209 & 471 Discharges			

Section IV. Range of Services

1. Please provide the following information about your operating room availability.

Table 8: Operating Room Availability

	No. of Rooms	Monday-Friday Scheduled Hours	Saturday Scheduled Hours	Sunday Scheduled Hours	Check if 'Emergency Only' Hours on Weekend
Orthopedic Surgery Dedicated ORs					
All ORs					

2. List the sterilization equipment available in the orthopedic-dedicated operating rooms (check all that apply):

- Reverse laminar flow system
- Unidirectional airflow system
- Ultraviolet lights
- Body exhaust apparatus
- Other (please specify):

3. Please provide the following information on the dedication of your operating room team members to orthopedic surgeries or total joint replacements.

Table 9: Operating Room Team Members Dedicated to Orthopedic Services/Total Joint Replacements

Please specify: <input type="checkbox"/> Orthopedic Services <input type="checkbox"/> Total Joint Replacements													
	Total # of FTEs	0% Dedication		1% - 19% Dedication		20% - 39% Dedication		40% - 56% Dedication		60% - 79% Dedication		80% - 100% Dedication	
		% Staff	% Time	% Staff	% Time	% Staff	% Time	% Staff	% Time	% Staff	% Time	% Staff	% Time
Anesthesiologists													
Circulating RNs													
RN team leaders													

Please specify: <input type="checkbox"/> Orthopedic Services <input type="checkbox"/> Total Joint Replacements													
	Total # of FTEs	0% Dedication		1% - 19% Dedication		20% - 39% Dedication		40% - 56% Dedication		60% - 79% Dedication		80% - 100% Dedication	
Scrub technicians													
Supply staff													
Other (please specify):													

4. How many different total joint systems are used by the hospital on a regular basis? (Indicate the number in each category)

Table 10: Types of Joint Replacement Systems Used

	Hips		Knees	
	Stocked	Used	Stocked	Used
Cementless systems				
Metal-on-metal systems				
Cemented systems				
Ceramic systems				
Revision systems				
Other (please specify):				

5. What contingencies are in place to ensure supply availability?

6. What communication processes are in place between your hospital and the community-based rehabilitation programs to which your patients are referred?



7. What is covered in your orthopedic patients' post-hospital case management services? (Check all that apply)

- Discharge to home, extended care facility, or rehabilitation facilities
- Ability to select among rehabilitation programs (PT/OT)
- Durable medical equipment (DME)
- Outpatient rehabilitation
- Anticoagulation clinic
- Home IV antibiotic therapy
- Do not case manage orthopedic patients post discharge
- Other (please specify) _____

8. Who coordinates post- hospital services? (Check all that apply)

- Hospital case manager
- Doctor / Doctor's office staff
- Home health agency staff
- Other (please specify) _____

9. Does the case manager use clinical pathways or other evidenced based tools to manage post acute patients?

- Yes
- No

10. Please answer the following questions about post-discharge follow-up of joint replacement patients.

10a. Do you maintain a database of information on post-discharge follow-up?

- Yes
- No (If no, skip to question #11)

10b. Who is responsible/accountable for the following, relative to post-discharge follow-up of joint replacement patients? (Please indicate title of the responsible person)

Data collection _____

Data analysis _____

Studies of follow-up _____

Reporting of results _____

Other (please specify) _____

10c. Please indicate what data are collected and, for post-operative data collection, how frequently data collection is done.

Pre-operative data collection (check all that apply):

- Diagnosis
- Functional status
- Range of motion
- Quality of life
- X-ray analysis
- Other (please specify)**

Table 11: Post-Operative Case Management Data Collection

Data	Collected	Frequency of Data Collection
Functional Status	<input type="checkbox"/>	<input type="checkbox"/> 30 days <input type="checkbox"/> 5 years <input type="checkbox"/> 20 years <input type="checkbox"/> 6 months <input type="checkbox"/> 10 years <input type="checkbox"/> 25 years <input type="checkbox"/> 1 year <input type="checkbox"/> 15 years <input type="checkbox"/> 30 years
Range of Motion	<input type="checkbox"/>	<input type="checkbox"/> 30 days <input type="checkbox"/> 5 years <input type="checkbox"/> 20 years <input type="checkbox"/> 6 months <input type="checkbox"/> 10 years <input type="checkbox"/> 25 years <input type="checkbox"/> 1 year <input type="checkbox"/> 15 years <input type="checkbox"/> 30 years
Quality of Life	<input type="checkbox"/>	<input type="checkbox"/> 30 days <input type="checkbox"/> 5 years <input type="checkbox"/> 20 years <input type="checkbox"/> 6 months <input type="checkbox"/> 10 years <input type="checkbox"/> 25 years <input type="checkbox"/> 1 year <input type="checkbox"/> 15 years <input type="checkbox"/> 30 years
Implant type	<input type="checkbox"/>	<input type="checkbox"/> 30 days <input type="checkbox"/> 5 years <input type="checkbox"/> 20 years <input type="checkbox"/> 6 months <input type="checkbox"/> 10 years <input type="checkbox"/> 25 years <input type="checkbox"/> 1 year <input type="checkbox"/> 15 years <input type="checkbox"/> 30 years
Short-term Complications	<input type="checkbox"/>	<input type="checkbox"/> 30 days <input type="checkbox"/> 5 years <input type="checkbox"/> 20 years <input type="checkbox"/> 6 months <input type="checkbox"/> 10 years <input type="checkbox"/> 25 years <input type="checkbox"/> 1 year <input type="checkbox"/> 15 years <input type="checkbox"/> 30 years
Long-term Complications	<input type="checkbox"/>	<input type="checkbox"/> 30 days <input type="checkbox"/> 5 years <input type="checkbox"/> 20 years <input type="checkbox"/> 6 months <input type="checkbox"/> 10 years <input type="checkbox"/> 25 years <input type="checkbox"/> 1 year <input type="checkbox"/> 15 years <input type="checkbox"/> 30 years
X-ray Analysis	<input type="checkbox"/>	<input type="checkbox"/> 30 days <input type="checkbox"/> 5 years <input type="checkbox"/> 20 years <input type="checkbox"/> 6 months <input type="checkbox"/> 10 years <input type="checkbox"/> 25 years <input type="checkbox"/> 1 year <input type="checkbox"/> 15 years <input type="checkbox"/> 30 years
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/> 30 days <input type="checkbox"/> 5 years <input type="checkbox"/> 20 years <input type="checkbox"/> 6 months <input type="checkbox"/> 10 years <input type="checkbox"/> 25 years <input type="checkbox"/> 1 year <input type="checkbox"/> 15 years <input type="checkbox"/> 30 years

10d. How are data collected? (Check all that apply)

- Physician visits
- Other clinician visit (e.g., physical therapist, home health RN)
- Mail survey follow-up
- Telephone survey follow-up
- Other (please specify) _____

10e. How do you integrate facility data with physician data?

10f. Has patient follow-up resulted in any changes in patient care management?

- Yes (If yes, please give specific examples)

- No

11. Please identify your information technology capabilities in the following areas.

Table 12: Information Technology Capabilities

Function	Availability	
	Yes	No
Computerized Hospital Record		
Order entry		
Lab results		
Radiology results		
Progress notes		
Physician notes		
Nursing notes		
Ancillary notes		
Integration of financial and clinical data		
Digitized films		
Automation of clinical pathways		
Other (specify) _____		
Tracking the Use of Critical Supplies		
Bone grafts		
Implants		
Cement		
Other (specify) _____		

12. Please check off the following services that are available at your hospital. (Check all that apply)

Radiology Services

- Available** MRI
- CT with arteriogram
- Nuclear medicine
- Arthrogram
- Ultrasound
- VQ scan

Other Services / Facilities

Available

- On-site bone bank/freezer
- Banked bone (from off-site)
- Community education and prevention programs
- Patient education offerings
- Preventive health services
- Pre-operative education
- Follow-up care
- Other (please specify) _____

Section V. Quality Management

1. How often are quality improvement (QI) processes and activities reviewed and/or revised? (Please indicate if QI is specific to Orthopedics or to Total Joint Replacement.)

- Orthopedic -specific Total Joint-specific
- Do not have QI processes/activities specific to orthopedic or joint replacement (skip to question #3)
- Quarterly
- Every 6 months
- Annually
- Other (Please specify) _____

2. Who participates in the review of your QI processes and activities?

- Program Director
- Program Medical Director
- Orthopedic Nurse Managers
- QI personnel
- Physician staff
- Nursing staff
- Ancillary services staff
- Other (Please specify) _____
- _____

3. Who participates on your multidisciplinary orthopedic QI committee (OQIC)?

- Do not have a multidisciplinary OQIC (skip to question #6)
- Program Director
- Program Medical Director
- Orthopedic Nurse Managers
- QI personnel
- Physician staff
- Nursing staff
- Ancillary services staff
- Other (Please specify) _____
- _____

4. Does the OQIC conduct the following reviews?

Yes No

- Orthopedic patient care practices
 Use of and adherence to clinical pathways

5. How often does the OQIC review and validate quality data?

- Quarterly
 Every 6 months
 Annually
 Other (Please specify) _____

6. How often do you have orthopedic case review meetings?

- Do not have orthopedic case review meetings (skip to question #9)
 Quarterly
 Every 6 months
 Annually
 Other (Please specify) _____

7. Are these case review meetings your Mortality and Morbidity (M&M) conferences?

- Yes
 No

8. Who participates in your orthopedic case review meetings?

- Orthopedic surgeons
 Anesthesiologists
 Other medical specialists caring for orthopedic patients
 Other (Please specify) _____

9. Please answer the following questions about your use of clinical pathways.

Yes No

- 9a. Do you use clinical pathways to plan and/or manage joint replacement patient care? (If no, skip to Section VI.)

9b. Do you measure pathway variance (that is, the percentage of patients who deviate from the pathway)? (If no, skip to question #10d)

9c. What is your clinical pathway variance rate for the most recent year? _____

9d. How many clinical pathways do you use for joint replacement patients? _____

9e. What percentage of your joint replacement patients are covered by clinical pathways?

0% -19%

20%-39%

40%-59%

60%-79%

80%-100%

9f. How often are your clinical pathways reviewed and/or updated?

Quarterly

Every 6 months

Annually

Every 2 years

Other (please specify)

9g. Give specific examples of how pathway variance reports are used in your joint replacement QI program, if applicable.

9h. Please provide two (2) specific examples of how joint replacement-specific QI projects have been used in your program.

Section VI. Patient and Provider Satisfaction

1. Do you measure patient satisfaction? (If yes, complete column 1 in the table below)

Yes No

2. Do you measure provider satisfaction? (If yes, complete column 2 in the table below)

Yes No

If you responded no for both questions 1 and 2, skip the following table and go to Section VII.

3. Please respond to the customer satisfaction questions in the following table.

Table 13: Customer Satisfaction

	Column 1 Patient Satisfaction	Column 2 Provider Satisfaction
a. What method do you use to measure satisfaction? Mail survey <input type="checkbox"/> Internet survey <input type="checkbox"/> Telephone survey <input type="checkbox"/> Interview <input type="checkbox"/> Other (please specify) <input type="checkbox"/> _____		
b. Who conducts these surveys? Hospital staff <input type="checkbox"/> Contractor (please specify) <input type="checkbox"/> _____		
c. What percentage of your joint replacement patients/ providers is sent or administered the survey? 0%-19% <input type="checkbox"/> 20%-39% <input type="checkbox"/> 40%-59% <input type="checkbox"/> 60%-79% <input type="checkbox"/> 80%-100% <input type="checkbox"/>		
d. What is your return or completion rate? 0%-19% <input type="checkbox"/> 20%-39% <input type="checkbox"/> 40%-59% <input type="checkbox"/> 60%-79% <input type="checkbox"/> 80%-100% <input type="checkbox"/>		
e. When do you administer the tool?	<input type="checkbox"/> Prior to discharge <input type="checkbox"/> At discharge <input type="checkbox"/> 0-3 months post d/c <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Every 2 years <input type="checkbox"/> Other (please specify) _____

	Column 1 Patient Satisfaction	Column 2 Provider Satisfaction
f. How often do you report results? Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Every 2 years <input type="checkbox"/> Other (please specify) <input type="checkbox"/> _____		
g. To whom do you report results? _____ _____ _____		
h. What type of survey instrument do you use? Nationally published (specify) <input type="checkbox"/> _____ Developed in house <input type="checkbox"/> _____ Other (please specify) <input type="checkbox"/> _____		
i. Do you compare your results to any external standards? Yes (please specify which external standards) <input type="checkbox"/> _____ No <input type="checkbox"/> _____		
j. Who is included in your provider satisfaction survey?		<input type="checkbox"/> Physicians <input type="checkbox"/> Hospital Staff <input type="checkbox"/> Referring physicians (external to your facility) <input type="checkbox"/> Other (please specify) _____

4. Give specific examples of how you have used patient and/or provider satisfaction results to improve services to patients and/or providers.

Section VII. Functional Status and Post Operative Joint Pain

- Do you measure functional status in your joint replacement/orthopedic patients? (If yes, complete column 1 in the table below)

Yes No
- Do you measure postoperative joint pain in your joint replacement/orthopedic patients? (If yes, complete column 2 in the table below)

Yes No

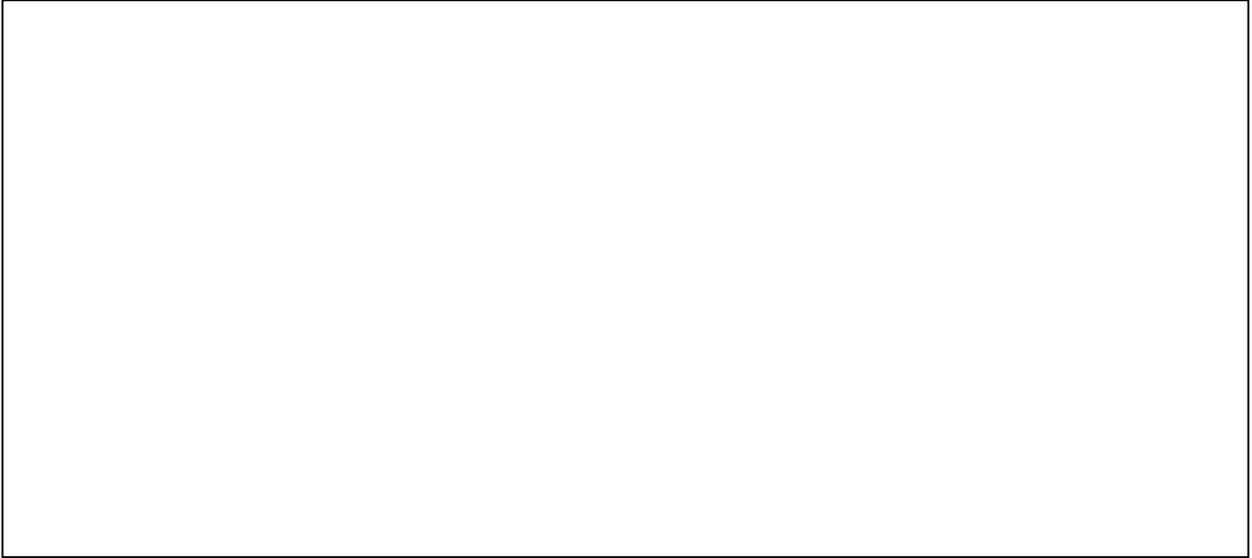
If you responded 'No' for both questions 1 and 2, skip the following table and go to Section VIII.

- Please respond to the functional status/post operative joint pain questions in the following table.

Table 14: Functional Status and Post Operative Joint Pain

	Column 1 Functional Status	Column 2 Post Operative Joint Pain
a. What tool(s) do you use to measure functional status and/or postoperative joint pain? (Check all that apply) <ul style="list-style-type: none"> SF-36 <input type="checkbox"/> SF-12 <input type="checkbox"/> Knee Society Score <input type="checkbox"/> Harris Hip Score <input type="checkbox"/> WOMAC Osteoarthritis Index <input type="checkbox"/> Other (please specify) <input type="checkbox"/> 		
b. When do you administer the tool? <ul style="list-style-type: none"> Pre-operatively <input type="checkbox"/> 0-3 months post discharge <input type="checkbox"/> 3-12 months post discharge <input type="checkbox"/> 12-24 months post discharge <input type="checkbox"/> 5 years post discharge <input type="checkbox"/> 10 years post discharge <input type="checkbox"/> >10 years post discharge <input type="checkbox"/> Do not measure <input type="checkbox"/> Other (please specify) <input type="checkbox"/> 		
c. Is functional status and postoperative joint pain data available by... <ul style="list-style-type: none"> Surgeon <input type="checkbox"/> Implant <input type="checkbox"/> Surgery type (primary vs. revision) <input type="checkbox"/> Other (please specify) <input type="checkbox"/> 		

4. Give specific examples of how feedback relative to collected functional status/post operative joint pain data is communicated to physicians/program managers and incorporated into your QI processes/activities.



Section VIII. Complications

1. Have you participated in the past year in the development or evaluation of any national, regional, or local orthopedic procedure outcomes database for complications?

- Yes
- No

2. At your facility, are complication rates risk-adjusted or risk-stratified?

- Yes
- No (skip to question #4)

3. Please indicate the risk factors used.

- Surgery type (primary or revision)
- Age
- Gender
- Marital status
- Co-morbidities
- Diagnosis
- Discharge destination
- Distance from home
- Living situation
- Other (please specify) _____

4. For revision procedures, do you track by..... (Check all that apply.)

- the original surgeon
- the hospital where original surgery occurred
- the original implant type
- the reason for revision

5. Do you report these data elements? Yes (to whom)

 No

6. Complete the following table for the most recent two-year period. Indicate fiscal year or calendar year.

Table 15: Joint Procedure Complication Rates (Number and %)

Instructions:										
1. Include all patients in statistics, both Medicare and non-Medicare. 2. If data are not available, enter 'N/A.' 3. Count each patient once for every category of complication occurring for each procedure but only once in the total for that particular procedure (i.e., a patient with both a wound infection and a vascular complication would be counted in each category but only once in the totals row for that DRG/procedure column. Thus the sum of the rows for a specific column will be greater than or equal to the actual total count for that column.) The grand total column should represent all patients, including those without complications. Patients should be counted only once in any grand total category.										
<input type="checkbox"/> FY: ___/___/___ - ___/___/___ <input type="checkbox"/> CY	DRG 209 Major Joint & Limb Reattachment Procedures for Lower Extremity (ICD 9 CM Procedure Codes Specified)								DRG 471 Multiple Procedures	
	Primary Hip (81.51)		Revision Hip (81.53)		Primary Knee (81.54)		Knee Revision (81.55)		Multiple Procedures (81.51, 81.53, 81.54, 81.55)	
	#	%	#	%	#	%	#	%	#	%
2001										
Wound Infections (within 1 year)										
Surgical wound infection										
Superficial										
Deep										
Referred sepsis ¹										
Other Complications (within 6 weeks)										
Decubitus										
Nerve injury										
Pulmonary embolus (PE)										
Deep vein thrombosis (DVT)										
Vascular complication (e.g. dissection)										
Myositis ossificans										
Arthrofibrosis										
Dislocation/subluxation										
Intraoperative fracture										
Patients with at least 1 complication										

1 Patients admitted to the facility with an infection at the time of admission

Instructions:

1. Include all patients in statistics, both Medicare and non-Medicare.
2. If data are not available, enter 'N/A.'
3. Count each patient once for every category of complication occurring for each procedure but only once in the total for that particular procedure (i.e., a patient with both a wound infection and a vascular complication would be counted in each category but only once in the totals row for that DRG/procedure column. Thus the sum of the rows for a specific column will be greater than or equal to the actual total count for that column.) The grand total column should represent all patients, including those without complications. Patients should be counted only once in any grand total category.

<input type="checkbox"/> FY: __/__/____ - __/__/____ <input type="checkbox"/> CY	DRG 209 Major Joint & Limb Reattachment Procedures for Lower Extremity <i>(ICD 9 CM Procedure Codes Specified)</i>								DRG 471 Multiple Procedures	
	Primary Hip (81.51)		Revision Hip (81.53)		Primary Knee (81.54)		Knee Revision (81.55)		Multiple Procedures (81.51, 81.53, 81.54, 81.55)	
	#	%	#	%	#	%	#	%	#	%
Grand Total-All Patients										

Instructions:

1. Include all patients in statistics, both Medicare and non-Medicare.
2. If data are not available, enter 'N/A.'
3. Count each patient once for every category of complication occurring for each procedure but only once in the total for that particular procedure (i.e., a patient with both a wound infection and a vascular complication would be counted in each category but only once in the totals row for that DRG/procedure column. Thus the sum of the rows for a specific column will be greater than or equal to the actual total count for that column.) The grand total column should represent all patients, including those without complications. Patients should be counted only once in any grand total category.

<input type="checkbox"/> FY: ___/___/___ - ___/___/___ <input type="checkbox"/> CY	DRG 209 Major Joint & Limb Reattachment Procedures for Lower Extremity (ICD 9 CM Procedure Codes Specified)								DRG 471 Multiple Procedures	
	Primary Hip (81.51)		Revision Hip (81.53)		Primary Knee (81.54)		Knee Revision (81.55)		Multiple Procedures (81.51, 81.53, 81.54, 81.55)	
	#	%	#	%	#	%	#	%	#	%
2002										
Wound Infections (within 1 year)										
Surgical wound infection										
Superficial										
Deep										
Referred sepsis										
Other Complications (within 6 weeks)										
Decubitus										
Nerve injury										
Pulmonary embolus (PE)										
Deep vein thrombosis (DVT)										
Vascular complication (e.g. dissection)										
Myositis ossificans										
Arthrofibrosis										
Dislocation/subluxation										
Intraoperative fracture										
Patients with at least 1 complication										
Grand Total-All Patients										

Section IX. Dislocations and Subluxations

1. Do you monitor dislocation/subluxation rates?

- Yes No

2. When are rates monitored?

- Up to 6 weeks post-procedure
 6-12 weeks post-procedure
 3-12 months post-procedure
 12-24 months post-procedure
 5 years post-procedure
 10 years post-procedure
 > 10 years post-procedure

4. Are rates risk-adjusted or risk-stratified?

- Yes No

If no, skip to Section X.

5. Please indicate the elements used for risk-adjustment/stratification. (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Surgery type (primary or revision) | <input type="checkbox"/> History of infection |
| <input type="checkbox"/> Surgical Approach | <input type="checkbox"/> Age |
| <input type="checkbox"/> Co-morbidities | <input type="checkbox"/> Component selection |
| <input type="checkbox"/> Aseptic loosening | <input type="checkbox"/> Osteolysis |
| <input type="checkbox"/> Recurrent dislocation | <input type="checkbox"/> Alcohol consumption |
| <input type="checkbox"/> BMI | <input type="checkbox"/> Other (please specify) |

-
- Gender

6. Complete the following table for the most recent two-year period. Indicate fiscal year or calendar year.

Table 16: Joint Replacement Dislocation Rates (Number and %)

Instructions:										
1. Include all patients in statistics, both Medicare and non-Medicare. 2. If data are not available, enter 'N/A.' 3. Count procedures, not patients. 4. Each dislocation percentage should be based on the total number of patients receiving the procedure, not the total number of patients experiencing a dislocation. 5. Total Number of Patients Receiving Procedure" should represent all patients, including those without dislocations, and equal volumes provided in Table 7.										
<input type="checkbox"/> FY: ___/___/___ - ___/___/___ <input type="checkbox"/> CY	DRG 209 Major Joint & Limb Reattachment Procedures for Lower Extremity (ICD-9-CM Procedure Codes Specified)								DRG 471 Multiple Procedures	
	Primary Hip (81.51)		Revision Hip (81.53)		Primary Knee (81.54)		Knee Revision (81.55)		Multiple Procedures (81.51, 81.53, 81.54, 81.55)	
	#	%	#	%	#	%	#	%	#	%
2001										
Solitary dislocation										
Recurrent dislocation										
Total Number of Dislocations										
Re-operation required (of total above)										
Total Number of Patients Receiving Procedure										
2002										
Solitary dislocation										
Recurrent dislocation										
Total Number of Dislocations										
Re-operation required (of total above)										
Total Number of Patients Receiving Procedure										

Section X. Revision Rates

1. Do you monitor revision rates?

- Yes No

2. When are rates monitored?

- Up to 6 weeks post-procedure
 6-12 weeks post-procedure
 3-12 months post-procedure
 12-24 months post-procedure
 5 years post-procedure
 10 years post-procedure
 > 10 years post-procedure

4. Are rates risk-adjusted or risk-stratified?

- Yes No

If no, skip to Section XI.

5. Please indicate the elements used for risk-adjustment/stratification. (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Surgery type (primary or revision) | <input type="checkbox"/> History of infection |
| <input type="checkbox"/> Surgical Approach | <input type="checkbox"/> Age |
| <input type="checkbox"/> Co-morbidities | <input type="checkbox"/> Component selection |
| <input type="checkbox"/> Aseptic loosening | <input type="checkbox"/> Osteolysis |
| <input type="checkbox"/> Recurrent dislocation | <input type="checkbox"/> Alcohol consumption |
| <input type="checkbox"/> BMI | <input type="checkbox"/> Other (please specify) |

-
- Gender

6. Complete the following table for the most recent two-year period. Indicate fiscal year or calendar year.

Table 17: Joint Replacement Revision Rates (Number and %)

Instructions:											
1. Include all patients in statistics, both Medicare and non-Medicare. 2. If data are not available, enter 'N/A.' 3. Count procedures, not patients. 4. Each revision percentage should be based on the total number of patients receiving the procedure, not the total number of patients experiencing a revision. 5. Total Number of Patients Receiving Procedure" should represent all patients, including those without revisions, and equal volumes provided in Table 7.											
<input type="checkbox"/> FY: ____/____ - ____/____ <input type="checkbox"/> CY		DRG 209 Major Joint & Limb Reattachment Procedures for Lower Extremity (ICD-9-CM Procedure Codes Specified)						DRG 471 Multiple Procedures			
Type of Revision		Primary Hip (81.51)		Revision Hip (81.53)		Primary Knee (81.54)		Knee Revision (81.55)		Multiple Procedures (81.51, 81.53, 81.54, 81.55)	
		#	%	#	%	#	%	#	%	#	%
2001											
Solitary revision											
Recurrent revision											
Total Number of Revisions											
Total Number of Patients Receiving Procedure											
2002											
Solitary revision											
Recurrent revision											
Total Number of Revisions											
Total Number of Patients Receiving Procedure											

Section XI. Utilization Management

1. Do you track readmission rates?

Yes No

(If no, skip to question #3)

2. At what intervals do you track readmissions?

- Within 24 hours
- Within 72 hours
- Within 15 days
- Within 30 days
- Other (please specify) _____

3. Do you track re-operation rates and Average Length of Stay (ALOS)?

Yes No

- Re-operation rates
- ALOS

4. Do you track the discharge destination of total joint replacement patients?

- Yes
- No

5. If yes, which locations do you track?

- Home
- In-hospital sub acute unit
- Rehabilitation facility or hospital
- Skilled nursing facility
- Nursing home (non-skilled level of care)
- Other (please specify) _____

6. Who coordinates and arranges discharges for orthopedic / total joint replacement patients?

- Discharge Planner
- Case Manager
- Social Worker
- Other (please specify) _____

7. When does this discharge planning begin?

- Pre-operatively
- Day of admission
- Post-operatively
- Day of discharge

8. Complete the following table for the most recent two-year period. Indicate fiscal year or calendar year.

Table 18: Average Length of Stay and Discharge Destination

Instructions:										
1. Include all patients in statistics, both Medicare and non-Medicare. Count each patient once based on discharge DRG.										
2. If data are not available, enter 'N/A.'										
3. For 'Discharge Destination,' indicate the number and, in parenthesis, the percent of total patients according to discharge status.										
<input type="checkbox"/> FY: __/__/__ - __/__/__ <input type="checkbox"/> CY	DRG 209 Major Joint & Limb Reattachment Procedures for Lower Extremity <i>(ICD 9 CM Procedure Codes Specified)</i>								DRG 471 Multiple Procedures	
	Primary Hip (81.51)		Revision Hip (81.53)		Primary Knee (81.54)		Knee Revision (81.55)		Multiple Procedures (81.51, 81.53, 81.54, 81.55)	
	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002
ALOS										
Total Average Length of Stay (ALOS), in days										
Discharge Destination										
Home										
In-hospital sub acute unit										
Rehabilitation facility/hospital										
Skilled nursing facility										
Nursing home (non-skilled)										
Other (please specify)										
Total Discharges										

9. Complete the following table for the most recent two-year period. Indicate fiscal year or calendar year.

Table 19: Readmission Rates

Instructions:										
1. Include all patients in statistics, both Medicare and non-Medicare. 2. If data are not available, enter 'N/A.' 3. Count only readmissions for services related to the original condition for which the patient was first admitted to your facility. 4. Unintended readmissions are those occurring due to a complication related to the initial admission. They are not scheduled.										
<input type="checkbox"/> FY: __/__/____ - __/__/____ <input type="checkbox"/> CY	DRG 209 Major Joint & Limb Reattachment Procedures for Lower Extremity (ICD 9 CM Procedure Codes Specified)								DRG 471 Multiple Procedures	
	Primary Hip (81.51)		Revision Hip (81.53)		Primary Knee (81.54)		Knee Revision (81.55)		Multiple Procedures (81.51, 81.53, 81.54, 81.55)	
	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002
Unintended Readmissions										
Within 24 hours										
Within 72 hours										
Within 15 days										
Within 30days										
Total Unintended Readmissions										

Section XII. Integration of Hospital & Orthopedic Physician Staff / Resource Management

1. Does the Orthopedic/Joint Replacement program leadership have access to program cost data on a regular (e.g. monthly) basis?
 Yes No

2. If yes, please specify the type of data, frequency of updates, and the format in which it is provided. *(Add more lines, if necessary)*

Table 20: Program Cost Data

Type of Data	Frequency of Updates	Format

3. What limits are there on a physician’s choice of implant?
 No limits *(skip to question #10)*
 Number of implants from which to choose
 Number of vendors from which to choose
 Monetary ceilings
 Other *(please specify)* _____

4. How are these decisions made as to which implants to include? How often are these decisions revisited?

5. Who is involved in making these decisions concerning implant choice?

6. Are there exceptions to the limits on implant choice?

Yes No

Please explain.

7. If yes, what percentage of all implants during the most recent reporting period were exceptions?

- 0% - 19%
- 20% - 39%
- 40% - 59%
- 60% - 79%
- 80% - 100%

8. Is there a formal mechanism for physicians to provide feedback regarding the choice of implants?

Yes No

If yes, please describe in the space provided below.

9. Do Orthopedic/Joint Replacement program leadership and/or program physicians participate in contracting with vendors?

Yes No [\(Skip to Section XII\)](#)

10. Indicate below the role that each participant plays in the contracting process.

Table 21: Vendor Contracting Participation

	Approve	Veto	Recommend	Review	Other (please specify)
Program Medical Director					
Program Nursing Director					
Program Business Director					
Orthopedic surgeons					
Other (please specify)					

Section XIII. Patient Services and Community Outreach

1. Indicate below the availability, fees (if applicable), and limitations/eligibility requirements for the transportation services offered by your hospital to joint replacement / orthopedic program patients and families.

	<u>Available</u>	<u>Fees (enter 'N/A' if not applicable)</u>	<u>Limitations/Eligibility</u>
Cab vouchers	<input type="checkbox"/>	<input type="text"/>	
		<input type="text"/>	
Mass transit vouchers	<input type="checkbox"/>	<input type="text"/>	
		<input type="text"/>	
Valet parking	<input type="checkbox"/>	<input type="text"/>	
Shuttle / Van service	<input type="checkbox"/>		
Other (please specify)	<input type="checkbox"/>		

2. Indicate below the availability, fees (if applicable), and limitations/eligibility requirements for the housing services offered by your hospital to joint replacement / orthopedic program patients and families.

	<u>Available</u>	<u>Fees (enter 'N/A' if not applicable)</u>	<u>Limitations/Eligibility</u>
Hotel vouchers	<input type="checkbox"/>	<input type="text"/>	
On-site hotel services	<input type="checkbox"/>	<input type="text"/>	
In-hospital overnight service	<input type="checkbox"/>	<input type="text"/>	
Other (please specify)	<input type="checkbox"/>	<input type="text"/>	

3. Briefly describe any other amenities offered by your hospital to joint replacement/orthopedic program patients and families. Include the types of programs, any fees, which may be applicable, and any limitations on who may be eligible for these services.